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PROVISIONAL SUMMARY RECORD OF THE 22nd MEETING

Held at the Palais des Nations, Geneva,
on Monday, 5 July 1993, at 10 a.m.

Chairman: Mr. HUSLID (Norway)

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The meeting was called to order at 10.20 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEMES:

(b) COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA (E/1993/68)

The PRESIDENT invited the Council to discuss coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera, in the light of the Secretary-General's report on the subject (E/1993/68) and of the statements to be made by executive heads of United Nations specialized agencies and bodies concerned with those problems.

Dr. NAKAJIMA (Director-General, World Health Organization) drew attention to the extent and gravity of malaria and diarrhoeal diseases, in particular cholera, which had their greatest impact in developing countries, particularly among the workforce, pregnant women, infants and young children. Malaria particularly affected Africa, where 90 per cent of the 300 million people infected by the parasite were to be found. Diarrhoeal diseases primarily affected children, some 3 million of them dying of it each year. Cholera was an epidemic form of diarrhoeal disease which appeared periodically in Africa, Asia and Latin America. All those diseases called for coordinated action, extending beyond the bounds of the health sector.

In his report, the Secretary-General gave examples of cooperation among organizations of the United Nations system. Such cooperation was essential, since the diseases concerned had a multitude of causes, they cut across frontiers, and their prevention and control required action in such fields as agriculture, education, economic development policy, environmental management, food safety, health, sanitation, water supply and water-resource management.

The United Nations system must tackle malaria and diarrhoeal diseases, because they constituted major impediments to social and economic development and

to improvement of the quality of life of millions of individuals. They generated a vicious circle of malnutrition, poverty and disease. Their cost in development terms was enormous. The United ations system could be proud of the cooperation it had established in the field, although good news seldom

made headlines. Nevertheless, coordination of the various parties was not without its problems, particularly in cases of civil unrest, epidemics, natural disasters, war or famine. Added to those were problems such as the varying perspectives of different organizations, lack of clarity in the role of the lead agency, the low priority given to critical investments and the weak technical and management capabilities of some countries.

As an example of successful coordination, one could point to the recent cholera epidemic in Peru. The mortality rate had not exceeded 1 per cent, whereas it had reached 5 to 10 per cent in the case of epidemics in some African countries. That success could be attributed to the Peruvian diarrhoeal disease control programme, including the use of oral rehydration therapy, the quality of treatment given in health facilities, the accessibility of those facilities and food hygiene. The development of that infrastructure had been supported in a coordinated manner by several organizations, including WHO, UNICEF, FAO, UNDP, WFP and the Inter-Agency Coordinating Committee formed under the aegis of WHO's Regional Office for the Americas, the Pan-American Health Organization (PAHO) and the United States Agency for International Development (USAID). But there were problems. For example, it had been impossible to prevent the installation of a cordon sanitaire around Peru. Moreover, the basic investment required to prevent cholera epidemics was not taking place at the necessary pace. The lack of understanding of the need for food control measures in preventing diarrhoeal diseases impeded intersectoral action and, in addition, a new cholera bacillus had appeared.

The Secretary-General pointed out that a balance must be struck between the effectiveness of investments narrowly made for specific disease interventions and the effectiveness of broader investments in infrastructure. By "infrastructure", he meant health workers, epidemiological surveillance, rehabilitation or construction of health facilities, investment in fields such as food safety, water supply, sanitation and education of children or mothers. The document under consideration contained a number of recommendations, which he would briefly summarize: efforts should be made to define broad policies for development contributing to the overall health goal; the lead organization must be supported; WHO should expand its research activities; information exchange among agencies, organizations and Governments was of critical importance;

coordination mechanisms for early warning, prevention and control of epidemics must be improved; national and global monitoring systems for the diseases concerned must be strengthened, particularly in the light of the principles laid down at the Ministerial Conference on Malaria Control, organized by WHO in Amsterdam in 1992; individuals must be very specifically informed about prevention, and they must be involved in disease control. The booklet Facts for Life, published by UNESCO, UNICEF and WHO, was a good example of cooperation in that field.

In particular, it was necessary to strengthen disease surveillance mechanisms, including early-warning systems for malaria and cholera epidemics. However, that did not dispense United Nations bodies or countries themselves from using epidemics, which attracted considerable attention, as an opportunity to invest in longer-term development activities to ensure that further epidemics did not occur. The most important contribution that the United Nations system could make to support developing countries in that field was to build up their national capabilities for the management of country-level coordination. All United Nations organizations and bodies were concerned, and must work together in that endeavour.

Mr. JOLLY (Deputy Executive Director, United Nations Children's Fund) said he would first take up the question of diarrhoeal diseases, particularly cholera, which 10 years previously had claimed the lives of 4 to 5 million children. Today, thanks to oral rehydration therapy, which was now widely known and used by one family in three in the developing countries, it was possible to save the lives of 1 million young people each year. That therapy had been one of the most advanced elements of primary health care in the 1980s. Together with immunization, it could also help to create conditions favourable to family planning and the reduction of fertility. All of that could be done at an extremely modest cost: the 100 million sachets of salts provided by UNICEF in 1992 amounted to only 1 per cent of its annual budget. The World Bank, in its 1993 World Development Report had identified the therapy as one of the most cost-effective development investments possible.

There was thus a need to continue to promote oral rehydration, in view of the fact that two thirds of families in the developing world had still not made use of it, and that dehydration still caused 1.5 million deaths a year. WHO and UNICEF had set themselves the common goal of bringing the proportion of families using oral rehydration and continued feeding up to 80 per cent,

and bringing the proportion of cases treated (at home, at health facilities or by a health provider) and the proportion of persons with access to rehydration salts and of informed mothers up to 80 per cent in all countries.

However, it was clear that the campaign against diarrhoeal diseases had to be broadened. First, the rapid reduction in dehydration deaths brought about by oral rehydration meant that an increasing proportion of the remaining deaths was attributable to dysentery and chronic diarrhoea, which normally required treatment with antibiotics. At the same time, it could be seen that diarrhoeal diseases were one of the causes, perhaps the major cause, of child malnutrition in developing countries. Those diseases stunted the child's normal growth by causing loss of appetite, fever and loss of nutrients. The strategy for the 1990s should therefore be to restore priority to water supply and public sanitation, as well as to educating parents about diarrhoeal disease prevention. Today, prevention on a large scale and at low cost had become possible. The principal means were breastfeeding, immunization against measles, and basic hygiene. The 1990 World Summit for Children had set as targets the reduction of child deaths by one third and the reduction of child malnutrition by one half, but those targets could not be achieved unless the battle against diarrhoeal diseases was widened.

Dr. Nakajima had just quoted as an example the campaign to control the cholera epidemic in Peru. In the first nine months of 1991, 250,000 Peruvians had contracted the disease, but only 2,500 had died of it. There were a number of reasons for such a low mortality rate: mobilization of health workers of the national network (at a time when they were on strike); mobilization of women who had been trained in oral rehydration since 1987; and availability of oral rehydration salts which had already been put in place in preparation for the annual campaign to control childhood diarrhoea. It had thus been possible to distribute 3 million sachets in the course of a few months. Incidentally, the lives of some 100,000 to 150,000 young people in Latin America had been saved in 1991 because the public had been made aware of oral rehydration therapy as a result of the cholera epidemic. Before the end of the decade, 19 million more children could be saved if families, communities, government authorities and donors were mobilized.

Turning to the problem of malaria, he pointed out that the great majority (80 per cent) of deaths from the disease occurred among children under 5 years of age. Unlike the situation with diarrhoeal diseases, no strategy that was quick and easy to implement had yet been found, since no vaccine existed. Ways of overcoming drug resistance were being sought, and experiments were being made with personal protection devices such as impregnated mosquito netting. Efforts

were also being made to develop effective mosquito eradication techniques. As could be seen, malaria could not be treated by a simple package of solutions. There was a need to deploy a flexible mix of methods, such as insecticide spraying, environment control, promotion of mosquito netting, preventive drugs, and secondary health care. That combination could vary considerably between rural and urban areas, and should be largely dependent on local action and on-the-spot initiatives.

Those examples showed to what extent the role of UNICEF and that of WHO were complementary. In the matter of malaria, as in that of oral rehydration, it was WHO that led the way, and it deserved commendation for the consistently high quality of its work. However, UNICEF also had a role to play, notably through its network of non-governmental and community organizations, bodies which could be a decisive force for popular mobilization. UNICEF also had links with the media, and could often instil in the public at large an awareness of the measures that families had to take. Moreover, it was able, through its country programmes, to provide substantially greater resources at the national level. One of the initiatives that illustrated the partnership between WHO and UNICEF was the brochure Facts for Life, published jointly by UNICEF, WHO, UNESCO and UNFPA. That brochure was by far the most widely circulated of United Nations publications: 7 million copies had been produced in over 180 languages. Its aim was to teach families the basic steps to take to safeguard their children's health.

At both the international and the national levels, the mobilization campaign currently under way sought to achieve the goals set by the 1990 World Summit for Children, particularly the aim of a 50 per cent reduction in child mortality due to diarrhoea and a 25 per cent reduction in the incidence of diarrhoeal diseases. Consideration also needed to be given to measles, a major killer of children, and to anaemia, which when associated with malaria often led to tragic results.

In conclusion, he drew attention to certain cause-and-effect factors which should not be overlooked. Adjustment programmes were a central element where health problems were concerned. It was not merely coincidental that cholera should have appeared in Latin America after a decade of economic crisis, a crisis that had too often called for disproportionate sacrifices on the part of the poor and of the social services. The same could be said of the resurgence of malaria in Africa.

Mr. GOMEZ (United Nations Development Programme) said he found it most appropriate that the subjects of health, environment and development on the one hand, and of coordination on the other, should all be under consideration simultaneously. The goal of human development required cooperation with the

world community in combating poverty, ignorance and disease. Malaria and diarrhoeal diseases were threats to the human development of millions of people in the third world.

UNDP viewed the World Bank's latest World Development Report, devoted to health, as highly significant in that regard: firstly, it provided a new set of statistics on the effects of those diseases, which should enable decision makers to establish priorities and to take rational budgetary decisions in the health sector; secondly, it showed that a substantial increase in the financial resources allocated to that sector was amply justified. UNDP noted with concern the decrease in available resources, and believed that Member States should work together, collectively and individually, to remedy the situation. Africa was particularly affected by malaria and diarrhoeal diseases, the direct and indirect costs of which were expected to reach $1.8 billion by 1995.

As had been pointed out by the representatives of WHO and UNICEF, despite the progress made in some areas, numerous reverses had been suffered at the global level, notably the worsening of the problem of malaria, and the continuing burden represented by diarrhoeal diseases and the recent cholera epidemics. It went without saying that UNDP would continue to cooperate closely with Governments and partner organizations to prevent and control those diseases. It endorsed the practical suggestions made by the Secretary-General for dealing more effectively with malaria and diarrhoeal diseases, and also supported the comments made by the UNICEF representative on the importance of oral rehydration therapy. UNDP also associated itself with the call for a substantial increase in resources, especially for the least developed countries and for countries most severely affected by the diseases.

In view of the need for a multisectoral approach involving health, environment and development, recipient countries should play a key role by ensuring that the activities of United Nations bodies were coordinated at the local level with assistance, both multilateral and bilateral. The role of the Resident Coordinator was crucial in that regard, and the Administrator unreservedly supported implementation of General Assembly resolution 47/199. It was to be hoped that Governments of developing countries, for their part, would give higher priority to combating the diseases in question, and that country strategy notes would give greater emphasis to the support that could be provided by the United Nations system in that field.

Mr. HADDAD (World Bank), speaking also on behalf of the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), pointed out that the World Bank and the two latter institutions had contributed to the preparation of

document E/1993/68, under the overall direction of WHO. The three organizations intended to cooperate with WHO and with other institutions in implementing the conclusions and recommendations made in the report, taking account also of any general guidelines the Council might be able to provide. They were ready to reply to any questions that might be raised, and to make further comments in the course of the debate as necessary.

Mr. OSMAN (United Nations Environment Programme) said that disease transmission by insect vectors was linked to environmental conditions on which the vector thrived: rudimentary sanitation, bad solid-waste management and poor water supply. As indicated in the Secretary-General's report, UNEP was participating in malaria-control activities, mainly through the work of the Panel of Experts on Environmental Management for Vector Control established jointly with WHO, FAO and the United Nations Centre for Human Settlements. The Panel's mandate was to create an institutional framework for effective inter-agency and intersectoral collaboration in the fields of health, land and water development, protection of the environment, human settlements and urbanization, with a view to promoting more extensive use of environmental management measures for disease vector control in development projects.

The Panel of Experts, which had initially given priority to raising awareness at all levels, had later started preparing technical documents and guidelines aimed chiefly at specialists and decision-makers outside the health field. A network of collaborating centres had enabled it to participate directly in research, capacity-building, and operational activities. It was already playing a key role in coordination, since it was composed of

recognized experts in the fields of health, agriculture, environment, social sciences and human settlements. Its work was also associated with that of the World Bank, UNICEF and the regional development banks.

Other activities being carried out by UNEP in the area of malaria and water-borne disease control were described in the Secretary-General's report. Mr. PORTOCARERO (Belgium), speaking on behalf of the European Community and its member States, said that the time had come to launch a new offensive against malaria, which clinically affected more than 100 million people a year, mainly in tropical Africa. The disease caused some 1 million deaths a year, which was more than the number of declared AIDS victims. A Global Malaria Control Strategy had been developed, aimed at the prevention of mortality and the reduction of morbidity as well as its attendant social and economic costs. The strategy called for coordination and technical cooperation between Governments and international institutions if continuity of the activities undertaken was to be ensured.

Due attention should also be paid to the control of diarrhoeal diseases, notably cholera, which since the beginning of the 1990s had again become rife in Latin America and Africa. A short-term policy of prevention and reduction of mortality should go hand in hand with a longer-term policy based on health and sanitation projects. To that end, financial, technical and scientific support from the international community was more necessary than ever.

In view of the fact that malaria and diarrhoeal disease control was as much a problem of development in general as a health problem, improved coordination among United Nations specialized agencies, and above all between the latter and local authorities, was essential. The European Community and its member States had several comments to make in that regard. Firstly, there was a need to establish what proportion of their financial resources each of the institutions involved was devoting to control of the two types of disease, taking into account the specific nature of their budget and the division of responsibilities between them. Secondly, coordination of global strategies and country plans of action by United Nations agencies did not seem to have been sufficiently developed. Thirdly, implementation of those strategies and plans at the local level was still encountering numerous bureaucratic and even political obstacles. Fourthly, a proper balance should be struck between emergency aid and a medium-term and long-term global assistance policy. Fifthly, development projects in general did not pay sufficient attention to sanitation and public health, or to education in that field. Sixthly, there was a need for improved cooperation with non-governmental organizations, which should be able to play a full part in all efforts made by local, regional and international authorities.

Mr. MONGBE (Benin) recalled that the item under consideration had been included in the Council's agenda on the suggestion of his country, supported by the African Group and the Group of 77. As was noted in the Secretary-General's report, over 300 million people suffered from malaria, 90 per cent of them in Africa. It was the scourge of the late twentieth century. In cases where it did not kill, it considerably weakened the organism and led to a significant lowering of output among the working population. The large-scale use of DDT, like treatment based on chloroquine and other similar products, had led to vector insects becoming resistant to such substances.

The hopes aroused by the development of a new synthetic vaccine were commensurate with the human, social and economic problems deriving from malaria. The question remained whether that vaccine would provide immunity against the four malarial parasites or forms and how long the protection would last. It was also of considerable importance how it was marketed, considering that the populations affected by malaria were among the poorest in the world and would not therefore be able to benefit from the vaccine if it were too expensive. The Beninese delegation was of the view that a free and general vaccination campaign should be carried out in all the affected areas of the world, as it had been for smallpox.

However, the elimination of malaria did not depend on the discovery of a vaccine alone. A large number of other measures were also necessary, particularly in the fields of sanitation and public health. Malaria, as the price paid for poverty and underdevelopment, had to be tackled not only at the medical level, but also at the economic, social and ecological levels. If countries where malaria was endemic had the requisite technical and financial resources, the scourge could no doubt be completely eradicated within a few years. Such was not the case, however. There was therefore a need to coordinate the policies and activities of the specialized agencies and other United Nations organs in order to overcome the disease.

Malaria, an endemo-epidemic disease, killed more than 1 million children in the world every year. In addition, the cost of treatment, absenteeism and the resulting drop in productivity and production drained the economies of the countries concerned. Benin considered that the implementation of the primary health care strategy should make it possible to reduce to a minimum the impact on the population of communicable diseases in general and endemic diseases in particular. In order to cope effectively with the situation, which was giving cause for concern owing to the resistance of certain parasite strains, Benin had decided to revise its primary health care strategy and to incorporate into it a five-year malaria control plan.

With regard to diarrhoeal diseases, in particular cholera, he stressed that the figures put forward in paragraph 20 of the Secretary-General's report did not seem to reflect either the real cost of treatment for the disease or the true loss of earnings in working time. Treatment for an attack of malaria in Benin cost between US$ 20 and US$ 30.

Diarrhoeal diseases, in particular cholera, were very serious ailments, but could easily be avoided in so far as they were water-borne. Unfortunately, the poor countries where those diseases were rife did not have the resources needed to supply the whole of their population with drinking water. In addition, the existing anti-cholera vaccine offered protection that was not sufficiently long-lasting to be truly useful. It was suitable for people occasionally staying in the affected areas but was of no interest to those living in them. According to information available to the Beninese delegation, a new vaccine could be available by the end of 1993. Unfortunately, it would undoubtedly be too expensive for the poor populations of the affected areas. The international community's efforts should therefore be directed towards lowering the cost of the vaccine.

As in the case of malaria, the discovery and marketing of a vaccine against cholera would not suffice to eradicate diarrhoeal diseases unless measures were taken to ensure proper management of freshwater resources. In that connection, he reaffirmed his support for the French proposal to organize an expert meeting in 1994 on freshwater resource management, and for the suggestion of the Netherlands to convene an expert seminar on safe sanitation in urban areas.

The Secretary-General had not referred to the initial, specialized and further training of personnel for preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera. Sound training would not fail to give momentum to research in the developing countries. There was an urgent need for such institutions as WHO, UNESCO, UNICEF, UNEP and FAO to coordinate their activities in the field of research, education and control with a view to the elimination of malaria and diarrhoeal diseases.

Mr. MALICHEV (Russian Federation) said that, in his opinion, the Secretary-General's report was well balanced and gave a clear idea of the magnitude of some of the economic and social problems facing many African, Latin American and Asian countries affected by malaria and diarrhoeal diseases.

The decision to include the question of malaria in the agenda of the Economic and Social Council was in keeping with the spirit of the Declaration adopted in October 1992 by the Ministerial Conference on Malaria Control, organized by WHO in Amsterdam. In that Declaration, the Governments of countries endemically affected by malaria had declared themselves ready to mobilize

national resources to combat that disease and had called on the international community, and international organizations in particular, to provide them with technical and financial assistance.

The delegation of the Russian Federation felt that the coordination of efforts to secure financial assistance for national programmes to combat malaria, diarrhoeal diseases and cholera should be one of the chief objectives of international organizations, particularly WHO which could act as lead agency at the technical level. Furthermore, essential though it was to finance programmes to combat those diseases, it was just as important to provide for short-term financial and technical assistance in order to put an end to epidemic outbreaks of them.

The delegation of the Russian Federation considered that the Economic and Social Council should request the Director-General of WHO to expand and improve the exchange of information on those diseases in order to make international institutions more aware of the health problems facing the developing countries; to improve coordination of international aid for the struggle against malaria, diarrhoeal diseases and cholera at the national level, through the establishment of groups of experts composed of representatives of the various international organizations concerned and of the governmental or non-governmental organizations that were providing interested countries with financial and technical assistance, and

representatives of the private sector; and to strengthen the technical role of WHO. Greater importance also needed to be given to the socio-economic development of countries suffering from those diseases.

Mr. SARN (United States of America) thought that the Secretary-General's report and the statements by the officials of the various international organizations were instructive about the nature and magnitude of the diseases concerned. It was fully recognized that techniques existed for preventing or treating those diseases, but the implementation of programmes, the use of resources and coordination were still beset by serious difficulties. He wondered why so little progress had been achieved in respect of coordination. The Secretary-General had omitted certain essential elements in that regard. He made no provision for any practical workplan calculated to result in optimum use of the resources available to the United Nations system at the global, regional or national levels. Then there was no analysis of the resources needed. Furthermore, no timetable was proposed for the implementation of programmes by international organizations. In addition, the organization to act as lead agency for coordination remained to be determined. The United States delegation considered that the role should fall to WHO or UNICEF in view of the success achieved by those organizations. It hoped that the President would make good those omissions in his report. In that report, the Council should request each United Nations body to improve its plans and programmes for the prevention, control and treatment of the diseases in question, with the object in particular of lessening their economic impact on the developing countries. It should also invite the Secretary-General to request the Directors-General of WHO and UNICEF to prepare a report for its 1994 session, in close cooperation with other United Nations bodies, on the improvement of coordination in respect of preventive action and intensification of the struggle against malaria and diarrhoeal diseases.

The PRESIDENT recalled that the debate in progress would not be followed by the drawing up of a "report by the President", but by the adoption of agreed conclusions containing specific recommendations on the matters addressed.

Mr. SHIBATA (Japan) recalled that, in accordance with the Charter of the United Nations, the Economic and Social Council had a key role to play in the coordination of economic, social, cultural and health activities. Unfortunately, it had not so far been kept informed of all the activities carried out by the various international organizations, such as WHO, FAO, UNICEF, UNDP, the World Bank and others, so as to be able to ascertain the degree of urgency and priority of each activity. It was therefore essential for the Council to take steps to obtain the necessary reports from all the bodies concerned.

For successful coordination to be achieved, there should be a consensus within the system and among member States as to which was to be the lead organization for coordination. That organization should then be provided with all the necessary information and its mandate should be respected by all organizations and member States.

The Secretary-General's report offered an overview that should contribute to the improvement of coordination of the related activities of the United Nations system. Japan fully subscribed to the view that the prevention and control of malaria and diarrhoeal diseases, including cholera, required action extending far beyond the health sector. The Council should restructure its relations with the bodies concerned in order to be better able to promote such action. It was particularly important in that field to formulate a prevention and control strategy within the overall framework of development policy. In combating malaria and diarrhoeal diseases, it was essential for WHO to make the best use of its expertise so that it could play a leadership role in coordinating the activities of the agencies involved.

The Japanese delegation noted with particular interest the Global Malaria Control Strategy adopted in 1992 at the Ministerial Conference on Malaria Control and the diarrhoeal disease control programme, formulated jointly by UNICEF and WHO. It welcomed the Council's decision at its organizational session to reach agreed conclusions containing specific recommendations on matters related to coordination addressed to the various parts of the United Nations system.

It proposed that an intersessional consultative mechanism should be set up to enable the Council to exchange information and views with the bodies concerned and, on that basis, to prepare a draft decision for adoption at the next substantive session.

Mr. CHIRILA (Romania) said that his country was one of those which had succeeded in being malaria-free for three decades. The success was the result of implementing a complex programme combining the use of chemotherapy and insecticides in the former endemic zones. The Romanian authorities were currently devoting special attention to preventing a resurgence of the disease, inter alia through local research on new anti-malaria drugs. The Romanian health authorities were willing to share their experience in that field and to engage in cooperation with relevant bodies of the United Nations system, including the training of foreign personnel in malaria diagnosis and treatment.

With regard to diarrhoeal diseases, cholera had appeared in Romania for the first time in 1977, its epidemic form in the Danube delta was a result of its spread from various endemic zones. Since then, sporadic cases had been notified during the summertime, when tourist traffic increased in the area concerned.

Romania wondered whether it was possible to improve national and international sanitary regulations in endemic areas so as to prevent the spread of cholera in view of increased flows of migrants or travellers. It would welcome more detailed information about epidemics, with a view to tightening health controls at borders and taking preventive action at the national level.

Mr. BAILLARGEON (Canada) said that Canada shared the international community's alarm at the threat of malaria spreading, the high incidence of diarrhoeal diseases and the re-emergence of cholera in the Americas. The campaign against malaria and diarrhoeal diseases, like all other health and development issues, had to be addressed at several levels. In communities themselves, much could be achieved through mobilization, health education, distribution of oral rehydration salts and treated mosquito nets, as well as micro-projects for environmental sanitation. At the national level, the campaign implied consideration of environmental factors, since an increased effort was required in the areas of sanitation, food and water purity, housing and health services. At the international level, the situation could be improved considerably by means of data collection and exchange, standard-setting for prevention, care and treatment, and research into new drugs, vaccines and the like; it was at that level that coordination was crucial.

Cooperation between WHO and UNICEF in diarrhoeal disease control was exemplary at the national and international levels alike, particularly since the launching of the Initiative for the Integrated Management of the Sick Child. The same could be said of cooperation among WHO, UNDP and the World

Bank in malaria control, through the research programme for tropical diseases. Canada welcomed the adoption, at Amsterdam in 1992, of the new Global Malaria Control Strategy.

Canada, a major donor to the diarrhoeal control programme and the research programme for tropical diseases, urged the international community and organizations of the United Nations system to continue their support of those coordination mechanisms.

Mr. SOH (Republic of Korea) said that, in order to improve the coordination of programmes to control malaria and diarrhoeal diseases, the limited resources available must be used in the most efficient manner. In particular, a common strategy for coordinating programmes, embodying specific priorities and goals, must be developed. Such coordination could also eliminate overlapping and duplication. Likewise, the United Nations system should focus much more clearly on preventive action and programmes, rather than on remedial measures.

For prevention programmes to be successful, the links between the United Nations system on the one hand, and the beneficiary countries' authorities on the other, must be strengthened. Such cooperation must also be designed with the long-term perspective in mind, and directed at building up national capabilities.

There was no doubt that greater attention should be directed towards important areas such as drinking water supply and sanitation, broader hygiene education and infrastructure improvement, with a more active search for solutions to the basic socio-economic problems which had an impact on public health. These goals could more easily be achieved if development agencies systematically integrated public health considerations into development planning.

His delegation wholeheartedly supported the constructive recommendations formulated in the Secretary-General's report, aimed at better coordination of actions to combat malaria and diarrhoeal diseases. The resurgence of malaria also meant that, in addition to the actions proposed, research should focus on the development of a suitable pesticide to replace DDT.

The PRESIDENT invited the members of the Council to put questions to the representatives of the United Nations agencies directly involved in intensifying the campaign against malaria and diarrhoeal diseases.

Mr. SCHONLEITER (Germany) asked the representatives of UNDP and the World Bank whether those two agencies systematically consulted WHO when implementing water management projects, such as irrigation projects.

Mrs. GRANT (United Kingdom) noted that the Secretary-General seemingly regretted the lack of a lead agency and the sign of some differences in the way

in which various United Nations bodies planned their action. She wondered whether one of the agencies participating in the discussion could make recommendations aimed at overcoming that sort of obstacle.

Mr. ORLIANGE (France) noted that the Secretary-General referred to difficulties encountered in coordination at the national level, adding that, in the absence of infrastructure, such coordination sometimes had to be imposed from outside. He wondered what the agencies of the United Nations system, UNDP and WHO in particular, thought about such difficulties - whether they could be surmounted and, if so, how.

Mr. MONGBE (Benin) asked whether the new anti-malaria vaccine to which he had referred was already approved and whether it offered genuine hope for millions of malaria sufferers. He also asked whether WHO had undertaken research into certain forms of malaria hitherto confused with some forms of AIDS.

Mrs. KERN (Australia) said she shared the regret felt by several delegations in noting that the Secretary-General had not mentioned any plan of action or timetable relating to the control of malaria and diarrhoeal diseases. She also regretted that the management of research and development was not completely unified.

Mr. QUAUNINE (Bangladesh) said that WHO definitely had the requisite capacity to act as lead agency among those directly involved in the control of malaria and diarrhoeal diseases, but he wondered whether it had the requisite means of action. It would seem that WHO was reticent about assuming that role.

Mr. HENDERSON (World Health Organization), referring to the observations by the delegation of the Republic of Korea, said that the pesticides industry was, of course, actively involved in research into a product which could usefully replace DDT in the campaign against malaria. Unfortunately, it might be some time before valid results could be expected.

Researchers were placing their hopes rather on genetic engineering and the development of non-malaria-carrying strains, but research of that type would still take years.

There was no doubting WHO's willingness to take part in the development and implementation of projects, particularly in regard to sanitation. But that willingness was not always turned into reality. The United Kingdom delegation was right to point out that differences in perspective among bodies of the United Nations system sometimes gave rise to frustrating results: irrigation projects, for example, might entail high health costs because the health problems encountered by the project personnel had been overlooked at the planning stage. Governments should be made aware of the human costs, which were not always duly taken into account.

It was true that the question of lead agency had not been clearly answered. There was undoubtedly complementarity expertise as between two or more agencies, WHO and UNICEF for example, which was clearly a source of tension. For its part, WHO would like to continue being the technical reference centre, with coordination handled by the countries themselves. Replying to the representative of France, who was concerned to know how United Nations agencies proceeded when local infrastructure was weak, he said that WHO would then look at all the possible options - other United Nations agencies, non-governmental organizations, and the ministries of the countries involved.

The United States and Australian delegations had expressed regret at seeing no precise action plans or timetables. In fact, there were numerous action plans and timetables, which would be more clearly outlined in the Secretary-General's next relevant report, particularly since the Council needed to be given information not only on malaria or cholera but on all diseases having an impact on development.

Replying to the representative of Benin, he said that it would certainly be at least another 10 years before a reliable anti-malaria vaccine could be made available. It went without saying that WHO was closely following all developments in that field of research. Certain serious or unusual forms of malaria were indeed currently being observed in some parts of the world, where they were a consequence of urbanization; they stemmed from loss of immunity

among adults, who contracted forms of malaria hitherto observed only in children. But those forms of malaria were by no means to be confused with forms of AIDS.

Mr. GRAISSE (United Nations Development Programme), replying to the representative of Germany, said that UNDP, following the guidelines applicable to field activities, systematically consulted WHO on all water management projects.

Replying to the representative of France, he said that UNDP sought methodically to strengthen national capacities; there were grounds for hope that countries' strategies would increasingly make it possible to integrate action by all United Nations bodies.

Mr. ALTESMAN (United Nations Children's Fund), replying to the representative of Bangladesh, observed that the Secretary-General was not suggesting that the lead agency task should be entrusted to one and the same institutions; the situation varied according to the country, and the activities of the various United Nations bodies could be coordinated, depending on the case, by UNDP, UNICEF, the World Bank or WHO.

Mr. SARN (United States of America) inquired how the consensus resulting from the discussion was to be recorded and who would list the various points.

Mrs. KAYALI (Syrian Arab Republic) said that, in her view, it was for delegations to formulate the points for concluding observations.

The PRESIDENT recalled that the Council, in its decision 1993/205, had decided to formulate agreed conclusions at the end of the discussion. In order to simplify the Council's tasks, he suggested that he might submit to it an informal preliminary draft of agreed conclusions, to be amended in the light of observations and proposals by Council members.

Mr. ORLIANGE (France) agreed that it would be desirable to prepare the relevant conclusions on the basis of a text by the President. There seemed no need to indulge in the debate to which draft resolutions presented by groups customarily gave rise.

The meeting rose at 1.10 p.m.